NEW DRUG UPDATE

Drug Name:	**azelastine hydrochloride and fluticasone propionate**
Trade Name (Manufacturer):	**Dymista®** (Meda Pharmaceuticals)
Form:	Nasal spray
Strength:	137 mcg/50 mcg per spray
FDA Approval:	February 14, 2012
Market Availability:	Available
FDA Approval Classification:	Standard review
Classification:	Specific Therapeutic Class (HIC3): Nasal antihistamine & Anti-inflammatory Steroid Combinations (Q7O)

***Indication*:**[1] Dymista is a combination therapy of azelastine, a H1-receptor antagonist, and fluticasone, a corticosteroid indicated for the relief of symptoms of seasonal allergic rhinitis in patients 12 years of age and older who require treatment with both agents for symptomatic relief.

***Contraindications/Warnings*:** There are no contraindications for this product. It should be used with caution if administered concurrently with alcohol or other central nervous system depressants. Changes in vision or patients with a history of glaucoma, increased intraocular pressure or cataract should be monitored closely for changes as corticosteroids may cause glaucoma or cataracts. Corticosteroids should also be used with caution in patients with compromised immune systems. Monitoring of pediatric patients growth is also recommended as corticosteroids may cause a decrease in growth velocity.

***Drug Interactions*:** No drug interaction studies were conducted for the combination products. The drug interactions of the single components are expected to be the same as when the products are given in combination. Therefore due to the corticosteroid component of Dymista coadministration with ritonavir is not recommended. Use with caution when coadministered with other potent CYP3A4 or cytochrome P450 inhibitors.

***Common Adverse Effects*:** The most common adverse reactions reported were dysgeusia (four percent), headache (two percent) and epistaxis (two percent). Adverse reactions with the use of a corticosteroid include somnolence, cataracts, glaucoma, immunosuppression and, growth reduction.

***Special Populations*:**

Pediatrics: Safety and efficacy in patients less than 12 years of age have not been studied.

Pregnancy: Pregnancy Category C.

Geriatrics: Clinical trials did not include a significant number of patients 65 years and older, thus whether there is a difference in safety or efficacy between elderly and a younger population has not been determined

***Dosages*:** Dymista is administered as one spray in each nostril twice daily. For initial use, the bottle should be primed by releasing six sprays or until a fine mist appears. If the bottle has not been used for 14 or more days, the bottle should be reprimed with one spray or until a fine mist appears.

***Clinical Trials*:[2]** *A literature search was performed using "azelastine, fluticasone, and seasonal allergic rhinitis". Placebo-controlled trials were included in the absence of comparative trials.*

Adult patients and children ≥ 12 years of age with moderate to severe seasonal allergic rhinitis were enrolled in three randomized, double-blind, placebo- and active-controlled, parallel-group, multicenter, trials. Patients were randomized to the combination product Dymista nasal spray, azelastine nasal spray, fluticasone nasal spray or vehicle placebo. Total nasal symptoms (a composite score of rhinorrhea, nasal congestion, sneezing and nasal itching) were measured over 14 days during different allergy seasons. The results of a meta-analysis demonstrated a greater improvement in nasal symptoms in the combination group compared to each individual component or placebo groups. The mean reflective total nasal symptom score change from baseline was -5.7 in the combination product group compared to -5.1 in the fluticasone group ($p<0.001$ versus combination) -4.4 in the azelastine group ($p<0.001$ versus the combination) and -3 in the placebo group ($p<0.001$ versus the combination). Response occurred earlier in the combination product groups compared to the individual component groups.

***Other Drugs Used for Condition*:[3,4]** This is the first combination nasal therapy indicated for allergic rhinitis. Individual components of Dymista are commercially available as fluticasone propionate (Flonase® and its generic), azelastine (Astelin®, its generic and Astepro®. Other nasal corticosteroids medications available include Beconase AQ®, Rhinocort AQ®, Omnaris®, Nasalide®, Nasarel®, Veramyst®, Nasonex® and Nasacort AQ®. Intranasal antihistamines also include Patanase® and Atrovent®. The recommended frequency of administration differs among the products.

***Place in Therapy*:**[5] According to the 2008 American Academy of Allergy, Asthma and Immunology (AAAAI) management of rhinitis guideline update, intranasal corticosteroids continue to be the most effective medication for treatment. Intranasal antihistamines are also effective but are equal to oral second generation antihistamines. The guidelines also state that the combination of intranasal corticosteroids with an antihistamine may provide added benefit. No single agent has been demonstrated to be superior to any other within the same class.

Suggested Utilization Management:

Anticipated Therapeutic Class Review (TCR) Placement	Intranasal Rhinitis Agents
Clinical Edit	Prior authorization will be required if it is determined that this product will be non-preferred. Trial and failure of individual components.
Quantity Limit	1 nasal inhaler per 30 days
Duration of Approval	1 year
Drug to Disease Hard Edit	Allergic Rhinitis
Retro-DUR	Yes
Provider Profiling	No

References

[1] Dymista [package insert]. Somerset, NJ; Meda Pharmaceuticals, Inc; April 2012.

[2] Carr W, Bernstein J, et al. A novel intranasal therapy of azelastine with fluticasone for the treatment of allergic rhinitis. J Allergy Clin Immunol. 2012; 129(5):1282-1289.e10. Epub2012 Mar 13.
[3] Available at: www.clinicalpharmacology.com. Accessed May 22, 2012.
[4] DRUGDEX® System [Internet database]. Greenwood, CO: Thompson Micromedex. Updated periodically.
[5] Available at: http://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20and%20Parameters/rhinitis2008-diagnosis-management.pdf. Accessed May 23, 2012.